

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 194  
Registered No. 15

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angelina Montoya { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other - 5. No., in order of birth - 6. Legitimate? yes 7. Date of birth Jan. 25, 1926  
Month Day Year

**8. FATHER**

Full name Antonio Montoya

9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state

10. Color or race Mexican 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Las Cruces  
(State or country) New Mexico

13. Occupation  
Nature of Industry Miner

**14. MOTHER**

Full maiden name Lupe Navaris

15. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state

16. Color or race Mexican 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mexico  
(State or country)

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living Two  
(b) Born alive but now dead None  
(c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p.m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper, M.D.  
physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Globe, Arizona

Filed Jan 31, 1926 Dr. J. J. J. J.  
Registrar

141-125-352

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.